Case 1:23-cv-00358-JRR Document 115-12 Filed 03/04/25 Page 1 of 7

EXHIBIT G

Case 1:23-cv-00358-JRR Document 115-12 Filed 03/04/25 Page 2 of 7 E-Ballot - 4/26/2018

Meghan Pieklo

From:

Daniel Loper

Sent:

Saturday, March 10, 2018 2:44 PM

To:

Meghan Pieklo

Subject:

Re: Application Confirmation Letter for Daniel Loper

Attachments:

NFL LOD pg.1.pdf; ATT00001.htm; NFL LOD pg.2.pdf; ATT00002.htm

Meghan,

Here are the two pages needed. I am also sending the hard copies via mail on Monday.

Thanks!

Daniel Loper

COMPLETED APPLICATION

MAR 1 6 2018

NFL PLAYER BENEFITS

COMPLETED APPLICATION
RECEIVED
MAR I 6 2018
NFL PLAYER BENEFIT

Complete and sign the application and (40):03(2):10(2):0

Fill this sheet out to the best of your ability. You may be subject to loss of benefits and to other penalties and sanctions under law if you make any false or misleading statements or omissions. Attach additional pages if you need more space to explain your situation

			Han Tan	
Angletalikus de las listasi. Player's Name (first, middle		Date of birth /	Social Security Number	
Equipment :	REPET LOPETE	Description		
Address (number and stree		n- q	Aparlinent, suite, unit, etc.	
	,			
City	man polyhydron y grant ann y ceithann a ceith ceithigh faird	State	Zip Code	
Phone number		Email (optional)		
Evaluating your impain whole-body physical exit for you do not have orthopedic impairments.	mination.	nents (e.g., headaches).	ent orthopedist for a comprehensive, describe them here and explain how	
Initial here	Migrater Stampel pais due to present Speech			
			nts that are identified in this application.	
Recent surgeries		er synamia eranouer regismo en pria a sacian a esta en cara en el encommente en armene		
Have you had surgery, or do you intend to have surgery, within 12 months of the date on this application? Yes No		If yes, please explain:		
	r supporting documents	TORY LINERS	4- W BUTH SUCCESS	
	The control of the second of t	istaliaan eririjada		
What documents are you s	roviding with this application?			
CD copies.	F MELL OF X-PAYS			
· ·	itlonal documents at a later date?			
(Your application will	not be complete, and will not be pro-	cessed, until all supporti	ng documents are received by the Plan.	
Signature and autho	rization			
l certify that all information a this Application are, to the b complete. I also authorize th Benefit Plan to use or disclos information submitted to the	and documents provided on or with est of my knowledge, true, correct, an e NFL Player Disability & Neurocogniti e all individually identifiable health i Plan on my behaif, or created in tion, to all individuals as needed for		and the state of t	

QUESTIONS? Call the NFs. Hayer transfer Office at 800.638.3186 or visit office perfection.com Lastressed tenuary 29, 2019-

E-Ballot - 4/26/2018

Complete and sign the application and episcolik foliar

Please read and sign this consent form so that you understand what will happen next — particularly as it pertains to the independent medical examination.

In submitting my application for LOD benefits, I understand that:

- 1. If may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
- 2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules an examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
- 3. The examination will not be videotaped or otherwise recorded.
- There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
 - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
 - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
- 5. These physicians and health professionals are required to comply with ethical and legal obligations. For example, they are obligated to act if they determine that I am a danger to myself or others.
- 6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for LOD benefits.

Signature	and	authorization
and the second		

| VI have read and understood the information in this Consent Form.
| Player's name (print) | Player's signature | Date completed | 3 10 18

QUESTIONS I Call the MIL Player Scriphts Office at 800.638.3186 or vitat infipliayerbenefits.com Last ration from the 2018

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Case 1:23-cv-00358-JRR Document 115-12 Filed 03/04/25 Page 5 of 7 E-Ballot - 4/26/2018

Meghan Pieklo

From:

Daniel Loper

Sent:

Friday, March 16, 2018 1:04 PM

To:

Meghan Pieklo

Subject:

Re: LOD Application

Perfect. I just have the paperwork that I send in and the CDs. I have original copies of both and will definitely take them to the next evaluation.

Thank you so much for the help!

Daniel

Sent from my iPhone

On Mar 16, 2018, at 11:43 AM, Meghan Pieklo <mpieklo@nflpb.org> wrote:

Hello,

Ok so if they are just MRI and Xrays imaging and you have the originals you can bring those right with you to your evaluation once it gets scheduled for the doctor to view. If there is anything else besides the MRI and Xrays that you have not already sent in to me just let me know and I can add to the records I already have.

Thank you, Meghan

From: Daniel Loper

Sent: Friday, March 16, 2018 12:39 PM
To: Meghan Pieklo mpieklo@nfipb.org>

Subject: Re: LOD Application

Hi,

They are huge files of MRI and X-rays. I burned them on an Apple laptop. They might only work on an Apple computer. I tried to send via email and could never get files small enough. I'm not sure of another way. I have the originals from Doctor, but didn't want to risk sending those via mail.

Sent from my iPhone

On Mar 16, 2018, at 8:37 AM, Meghan Pieklo <mpieklo@nflpb.org> wrote:

Good Morning Mr. Loper,

I am working on your application however the CD's you sent me the links that are on them we are not able to open. Are you able to send what is on there a different way? Are they images or actual records?

Thank you,

Meghan Pieklo Benefits Coordinator

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Case 1:23-cv-00358-JRR E-Ballot - 4/26/2018 Phone/Fax 443.769.1409 Document 115-12 Filed 03/04/25 Page 6 of 7

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NFL Player Benefits Office 200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

Meghan Pieklo

From:

Daniel Loper <dlope6709@gmail.com>

Sent:

Friday, March 16, 2018 2:58 PM

To:

Meghan Pieklo

Subject:

Re: LOD Application

No, I have a torn labrum in both shoulders, I haven't scheduled a surgery or had one, but they're effecting me more and more and it's something I'd like to have taken care of in the future.

Sent from my iPhone

On Mar 16, 2018, at 1:29 PM, Meghan Pieklo <mpieklo@nflpb.org> wrote:

Sorry 1 more question, on your application you marked you have had or are planning on having surgery within the last or next 12 months. Have you had that surgery already?

Thank you, Meghan

From: Daniel Loper [mailto:dlope6709@gmail.com]

Sent: Friday, March 16, 2018 2:04 PM
To: Meghan Pieklo <mpieklo@nflpb.org>

Subject: Re: LOD Application

Perfect.

Thanks again!!

Sent from my iPhone

On Mar 16, 2018, at 12:08 PM, Meghan Pieklo < mpieklo@nflpb.org > wrote:

Great I will get your application processed, and the dr. will have a copy of all the records you sent in so you will just need to take with your images is all.

Thank you, Meghan

From: Daniel Loper [mailto:dlope6709@gmail.com]

Sent: Friday, March 16, 2018 1:04 PM To: Meghan Pieklo <mpieklo@nflpb.org>

Subject: Re: LOD Application

Perfect. I just have the paperwork that I send in and the CDs. I have original copies of

both and will definitely take them to the next evaluation.

Thank you so much for the help!

Daniel

Sent from my iPhone

1